LOCAL HEALTH DEPARTMENT MAGI REFERRAL LOG FOR ASSOCIATED CASES

Health Department Contact LHD Contact Number MAGI Referral Date Name of Individual Submitting Log: Contact No. of Individual Uploading Application: Date Log uploaded to ECMS Attachment G

Local Department of Social Services Contact Change Champion Name and Telephone Number

MAGI Application Date	LDSS Office	Applicant Name	Head of Household Name	Comments
4/29/2014	Washington County	Yogi Bear	Daisy Bear	Customer submitted MHC long form and supporting
				1